cited.

	F OF HEALTH AND HUM R MEDICARE & MEDIC						TTED: 06/22/2011 RM APPROVED IB NO. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	(X2) M A. BUI B. WIN	LDING	ONSTRUCTION 00	(X3) DATE COMPL 06/03/2	LETED
	PROVIDER OR SUPPLIEI S MERRY MANOR	3		2901 W	ADDRESS, CITY, STATE, ZIP CODE /EST 37TH AVENUE RT, IN46342		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES SCY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F0000	Complaints IN00 and IN00090646 Complaint IN00	or the Investigation of 0090190, IN00090198, 5. 090190- Substantiated no ted to the allegations are	FO	0000			
	^	090198- Substantiated no ted to the allegations are					

Total: 78

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Complaint IN00090646- Substantiated, Federal/State deficiency related to the

allegations is cited at F281.

Facility number: 000154 Provider number: 155251 AIM number: 100289680

Janelyn Kulik, RN, TC Heather Tuttle, RN

Survey team:

Census bed type:

Census payor type:

SNF: 8 SNF/NF: 70

Survey dates: June 2 and 3, 2011

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

X9S611

Facility ID:

000154

If continuation sheet

PRINTED: 06/22/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR  (X3) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  Medicare: 13 Medicare: 13 Medicaric: 55 Other: 10 Total: 78  Sample: 7 Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Compliants IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview, F0281 On 6/3/2011 following the 06/07/2011	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155251		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  D. WING  (X3) DATE SURVEY  COMPLETED  06/03/2011			ETED	
MILLER'S MERRY MANOR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGILATION OR LSC IDENTIFYING INFORMATION)  Medicarie: 13 Medicarie: 13 Medicarie: 15 Other: 10 Total: 78  Sample: 7 Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281  The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview,  F0281  On 6/3/2011 following the 06/07/2011			155251				06/03/20	011
MILLER'S MERRY MANOR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PERCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Medicare: 13 Medicaid: 55 Other: 10 Total: 78  Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281  F0281 S=A The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview, F0281 On 6/3/2011 following the O6/07/2011	NAME OF P							
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  Medicare: 13 Medicare: 13 Medicare: 10 Total: 78  Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview,  F0281 Sample of Complete the Appropriate Complete Comp	MILLER'S	MERRY MANOR						
REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   CROSS-REPERBECTED TO THE APPROPRIATE						(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
Medicare: 13 Medicarid: 55 Other: 10 Total: 78  Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281 The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview, F0281 On 6/3/2011 following the		`			- 1			
Medicaid: 55 Other: 10 Total: 78  Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281  On 6/3/2011 following the  06/07/2011	ing		ESC IDENTIFY THE INCOMPATION	12.	10			DATE
Other: 10 Total: 78  Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281 SS=A  The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011								
Total: 78  Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281  On 6/3/2011 following the  06/07/2011								
Sample: 7  Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  F0281  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281  On 6/3/2011 following the 06/07/2011								
Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		101.11.70						
substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		Sample: 7						
substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		Miller's Morry M	Ignor was found to be in					
483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		-						
Investigation of Complaints IN00090190, IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		•						
IN00090198, and IN00090646.  This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		Investigation of Complaints IN00090190,						
This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the polynomia to the DON meets and the DON meets.								
cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		1100070170, and 11100070040.						
cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011		This deficiency also reflects State findings						
Quality review completed on June 7, 2011 by Bev Faulkner, RN  The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281  On 6/3/2011 following the 06/07/2011		cited in accordance with 410 IAC 16.2.  Quality review completed on June 7, 2011						
by Bev Faulkner, RN  F0281 SS=A The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview, F0281 On 6/3/2011 following the 06/07/2011								
F0281 The services provided or arranged by the facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011								
SS=A facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011								
SS=A facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011								
SS=A facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011								
SS=A facility must meet professional standards of quality.  Based on record review and interview,  F0281 On 6/3/2011 following the 06/07/2011								
quality. Based on record review and interview, F0281 On 6/3/2011 following the 06/07/2011	F0281 SS=A	•	• ,					
and the DON words								
				F0281	1		lo l	06/07/2011
walking rounds on each unit and		•	•					
standards of quality were met related to met with charge nurses to review		•						
Certified Nursing Assistant (CNA) being the importance of monitoring the			, , ,			the importance of monitoring	the	
trained and changing colostomy bags for care delivered by the nursing							J	
residents. This deficient practice had the  assistants assigned to unit and ensuring that nursing			_					
potential to affect one resident in the assistants are not asked to		-				•		
facility with a colostomy. (CNA #1 and complete tasks that are not within		•	lostomy. (CNA #1 and					
CNA #2) their scope of practice. Charge nurses were advised that		CNA #2)					ge	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

X9S611

Facility ID: 000154

If continuation sheet

Page 2 of 5

PRINTED: 06/22/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
		IDENTIFICATION NUMBER:	A. BUILDING 00		00	COMPLETED	
155251			B. WING 06/03/2011				
NAME OF PROVIDER OR SUPPLIER				STREET A	ADDRESS, CITY, STATE, ZIP CODE	•	
NAME OF I	ROVIDER OR SUFFLIER			2901 W	EST 37TH AVENUE		
	S MERRY MANOR			L	RT, IN46342		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	_	TAG	, ,		
TAG	Findings include  Confidential inte 6/2/11, indicated resident's colosto she had not change bag frequently, " she had changed  Confidential inte 6/3/11, indicated resident with a co care would include emptying the bag she had been trait colostomy bags. would not change because she was the bag.  The employee fil #2 were reviewed The files indicated were Certified No	rview with CNA #1 on she had changed a by bag. She indicated ged resident's colostomy one in a blue moon" but the colostomy bag.  rview with CNA #2 on she had never cared for a blostomy bag, but her de changing and g. She further indicated		TAG	cross-referenced to the appropriate colostomy care is to be provided by licensed nursing staff and not be provided by nursing assistants. Residents with a colostomy are at risk to be affected by the deficient practice. On 6/7/2011 an all nursing in-service was held to review the facility policy for colostomy care, importance working within the scope of practice, and to ensure that professional standards of quare met. The Nurse Aide Trail Program- Standard 14- Nurse Aide Scope of Practice was reviewed with all nursing starthat nursing assistants shoul only perform tasks outlined in course standards and/or identified resident care procedures of the "Nurse Aide Training Program". It is policy of Miller's Merry Mano Hobart that nurse aides will reperform any invasive procedures, will not administ medications, will not perform treatments, or apply or remoany dressing including colosibags. Charge nurses will be responsible to make routine walking rounds on assigned	ided ided ided ishall  o of ality ning e eff and d n the se is the r, not er ve tomy	
	,	e Department of Health			to ensure nursing assistants deliver care tasks within sco practice and that nursing	· I	
	Division of Long Term Care Nurse Aide Training Program, July 1998, "Core Curriculum, a product of the Indiana State				assistants are not asked to		
					perform any type of invasive		
					procedure, medication		
	l * *				administration, treatment, or		
	_	ealth in Conjunction with			dressing change including	_	
	Professional Res	ources," indicated the			colostomy bag changes. The	;	

PRINTED: 06/22/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
and plan of correction identification is 155251			A. BUI	LDING	00	06/03/2	
		100201	B. WIN		PRESIDENCE CONTROL CON	00/03/2	011
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE EST 37TH AVENUE		
MILLER'	S MERRY MANOR			1	RT, IN46342		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ` `	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	-	TAG	,		DATE
		Standards for the Indiana			DON or other designee will be responsible to complete the		
	1 ^	t of Health Nursing Aide			tool titled, "Maintaining Nurse Aide Scope of Practice" on 10%		
		ogram included, but was					
		tandard 14-Nurse Aide			of resident census weekly fo		
	1 ^	e: "The nurse aide will			weeks, then monthly for three months and then quarterly. Any		
	1 ^	e tasks in the course			identified problems will be	y	
		esident Care Procedures			immediately corrected and		
	manual.				documented on facility		
		vill not perform any			QA tracking log. QA tracking are reviewed during monthly (		
	invasive procedures, including enemas				meeting to monitor ongoing	Q/\	
	and rectal temperatures, checking for and/or removing fecal impaction,				compliance.		
	instillation of any fluids, through any						
	tubing, administering vaginal or rectal installations.  The nurse aide will not administer any medications, perform treatments, or apply or remove any dressing."  Interview with the Administrator and Director of Nursing (DoN) on 6/3/11 at 1:30 p.m., indicated to their knowledge CNAs had not been trained to change colostomy bags for residents and had not changed the bags. They were not sure why staff would say they had been trained and had changed the colostomy bags. It was						
	I	DoN that there had been					
	1 -	where a CNA had					
	changed a dressing. She further indicated						
		nd been one on one					
	counseling and	not a staff inservice.					
	This federal tag	relates to complaint					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155251		(X2) MULTIPLE C  A. BUILDING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/03/2011	
		100201	B. WING	ADDRESS, CITY, STATE, ZIP CODE	00/03/2011
NAME OF P	ROVIDER OR SUPPLIER		l l	VEST 37TH AVENUE	
MILLER'S	S MERRY MANOR			RT, IN46342	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE
1710	IN00090646.	ESC ISENTIL THAT HAT ORGANIZATION	I I I		DITE
	3.1-35(g)(1)				